

NEWSLETTER

June 2011

IN THIS ISSUE

A couple of interesting questions in this month's issue. Have you ever felt puzzled about "mixed states"? I certainly have. Dr Hunt gives us an up-to-date look at this topic.

Question number two..... the relationship between mental illness and creativity. A subject of popular speculation, it has only recently attracted informed discussion, particularly in relation to bipolar disorder. Liz Miller visited us to discuss this in the context of her own MoodMapping approach.

We also have the annual accounts. They are favourable, but your voluntary "subs" remain as important as ever.

JULY 11th TALK - THE SHIMME PROJECT

I must remind you that our next talk at St Matthews is fast approaching. ShiMME stands for "Shared Involvement in Medication Management Education" and I would stress that this a locally based project that you can get involved in right now, before the talk. Our own Jenny Tillotson is already "on board".

The three-year research project has been developed and is led jointly by academic researchers, service users and practitioners. It seeks a shared approach to decision-making between service users and mental health practitioners in relation to medication management in mental health services, and to find out how this could be put into everyday practice.

The first phase of the project starts now with consultations for mental health service users, and for mental health practitioners. This is your chance to comment on current medication management methods and the way forward. Service users' meetings are in Cambridge on 5, 6 & 7 July. If you would like to take part and want to know more, contact project researcher Amy Li. 01223 363271 ext. 2557 or amy.li@anglia.ac.uk



*Mixed state or shared medication? It certainly kept
Fulbourn a distant, peaceful memory*

The SHIMME research team will use this information and relevant literature to develop a new training programme designed to encourage shared decision-making processes. Phase Two will take that programme back to separate groups of service users, psychiatrists, community psychiatric nurses and care co-ordinators

Amy will talk at St Matthews on Monday July 11th about this exciting work. It does sound like a project we can get involved with and really benefit from. So be sure to come if you can. That's 7.30 for an 8.00pm start. All other details as on the back page. See you there in a fortnight.

SUMMER DRINKS AT CAMBRIDGE BLUE

We will be having our summer social at the Cambridge Blue pub on Gwydir Street Monday 8th August from 7pm. There's good food and real ales to be had and we'll try and be out the back. We discreetly locate ourselves for newcomers by having a small sheep on the table.

SPRING TALK - MOOD AND CREATIVITY

We were pleased to welcome Dr Liz Miller, who discussed creativity and her own mood mapping model. Having a particular interest in the topic, I thought I should report on this talk for the newsletter. Jackie (our other artist and writer on the committee) made notes during the evening, so I'm very grateful for her input.

Liz has already visited us on two occasions. But for the benefit of new faces she gave us an extensive refresher on a body of work that is certainly unique. Formerly an established neurosurgeon she fought bipolar disorder, qualified as a psychologist and now works part-time as a GP. Her studies in psychology led to an interest in mood issues. She felt frustrated by the apparent failure of the mental health profession to help an individual to monitor mood until things became out of order. Existing methods of self monitoring and self management could also do with much improvement.

Liz went on to monitor her own moods for five years and we now know her as a leading exponent, and the most well known practitioner, of a level of self management that seeks stability without medication.

Her mood map differs from most others in that it is not based on one sliding scale. It has two perpendicular ones, crossing each other at their mutual midpoint. One measures the level of negativity/positivity and the other low to high energy, thereby giving a fuller description of mood. For example it is not unusual to be in a state of high energy but also of pronounced negativity: stress is very real, but will not figure on a basic single sliding scale.

For Liz, there are five keys to effective self management:

1. Exercise and environment. Regular exercise: even walking and gentle cycling are good. Fresh air, sunshine, less TV and more music!
2. Physical health. Your mind is just an organ. Be careful with your diet. Omega-3 recommended.
3. Human interaction. Relationships of all types, not just partnerships, affect your health.
4. Strategy. Remember your aims and plans.
5. Express your emotions; creativity is healthy.

Above all, she feels that it is important to try and commit the time and productive space to these principles. That can be a tough challenge for those of us with pressing family and work demands or who - without good part time employment - lack structure in our lives. Liz has been able to make that productive space with the financial security she achieves through working in the medical profession.

So creativity is healthy, but how is it related to the moods of bipolar disorder? Many schools of thought claim a strong connection. The link between bipolar and creativity comes partly from high energy and partly from the tendency of bipolar brains to make interesting connections between things and observations of them. At a lower level this can generate insightful ideas; in full mania it goes to useless extremes. As Jackie neatly comments "...here we have endless word associations or see messages written in the clouds". As for myself it reminds me of the morning I came downstairs and was greeted by six pages of painting and exhibition ideas in my kitchen. Two incisive sentences surrounded by 2000 words of rubbish!

But if we significantly reduce the extent of our mood variations, we may restrict the expression of our emotions at the expense of our creativity. Being an artist/writer who relies on medication, I myself find this to be an ongoing struggle. Many of you may recognise this as a crucial issue of balance. Liz gave us an interesting analogy. Imagine your creativity to be a horse that is a bit wild. The horse takes you, but you can gain control by managing your emotions. You can then gallop.

Different moods can contribute to different kinds of creativity, and they can affect individuals in different ways. For example, Liz said that stress could make her very productive when writing to a deadline. Jackie felt that she had two quite different mood positions for when she was writing or drawing/painting. For me, productivity depends not so much in my underlying bipolar mood, but in my ability to creatively express different moods from one position. One thing that everybody agreed on – music is a powerful tool in aiding many kinds of creativity and in mood management.

There was lively talk on the link between creativity and intelligence. Enhanced creativity can be one of the features of high intelligence, but creativity itself does not rely on "intelligence". Half the UK population may be of below-average IQ, but it contains no lack of creative folk. What is true intelligence? Perhaps its recipe is in the blending of common sense, intellect and mood!

The application of Liz's MoodMapping model to the subject of creativity proved interesting for many in the audience. It may be so for you too. See her website:

www.moodmapping.com

for details of her book, workshops and other activities.

Jon

[Our September 2010 newsletter carried a review of five mood tracking methods, including Liz's.]

ASK THE DOCTOR – MIXED STATES

Mania and depression are usually seen as opposites. The general view is that mania is a high mood and depression a low mood. But a better way of looking at mania and depression is that they are related states which are both different from normal mood, which is sometimes called euthymia: Greek for good mood.

There is more in common between depression and mania than at first appears. Both states involve loss of sleep; overactivity is obvious in mania but it can also be present in depression in the form of restlessness and agitation. The rushing thoughts of mania are apparent in speech but in depression the mind is often full of overwhelming negative thoughts going round and round that cannot be stopped. Both mood states lead to poor concentration, memory and distractibility. Psychotic ideas and hallucinations can occur in either state, though usually in different forms. The personal distress and disability is profound in both states, including the majority of people who are manic that are not elated but very irritable.

It is easier to understand 'switching' when the similarities between the two states are appreciated. Depression is often followed by mania and vice versa; this is often put down to the effect of the medication but in fact it is a basic part of the illness course and was apparent well before medications were available. During the change from one state to another you can experience a mixture of both mania and depression and this is one form of mixed state.

Mixed states are a mixture of manic and depressive symptoms at the same time, not just jumping between mania and depression but a combination of the symptoms.

Although mixed states are often easiest to recognise during the switch from mania to depression they do also occur at other times. During depressions it is common to feel so restless that you cannot sit down and experience rushing thoughts. There are an endless variety of combinations of manic and depressive symptoms that can be experienced. For example people who are very activated and appear manic but whose thinking is very negative and depressive.

Mixed states are the most dangerous states in terms of risk of suicide as they not only have the low mood and hopelessness that leads to suicidal thoughts but also the high energy to carry through the ideas.

The best treatment of a mixed state is similar to the treatment for mania. However it usually takes longer to recover from mixed states than from mania or depression and the treatments are less effective. The best plan is to aim to get the longer term treatment right rather than focus just on the current episode. This is a good general approach in bipolar illness anyway as focusing on the current symptoms can lead to frequent changes in treatment to deal with the immediate problem. Getting the

long term treatment right is more likely to lead to sustained improvements in stability and mood.

Mixed states are a controversial issue for psychiatrists. One of the reasons for this is that is that bipolar disorder is often a difficult diagnosis to make. How manic do you have to be to be in the bipolar group? If you suffer from a depression and have a lot of rushing thoughts does that mean that you are bipolar? Is there a condition called "hypomanic depression"?

Dr Neil Hunt

CAMBRIDGE GROUP ACCOUNTS 2010-11

| | | |
|-----------------|--------------|------------------|
| Opening Balance | Bank | £1,727.16 |
| | Cash | £4.56 |
| | TOTAL | £1,731.72 |
| Income | Donations | £353.82 |
| | Refreshments | £32.35 |
| | TOTAL | £386.17 |
| Outgoings | Room Hire | £135.00 |
| | Newsletters | £56.08 |
| | Website | £50.40 |
| | TOTAL | £241.48 |
| Closing Balance | Bank | £1,839.50 |
| | Cash | £36.91 |
| | TOTAL | £1,876.41 |

Despite previous concerns, donations this year proved more than sufficient to cover our outgoings. Many thanks to all those of you who dug into your pockets – we receive no other funding and depend entirely on your generosity.

Our group enjoys a good reputation and has active members from Essex to Lincolnshire but financial security is always important. I ask you to consider a donation.

Cheques to *Cambridge MDF Bipolar Self Help Group* may be sent to the address on the back page. Cash or cheques are acceptable at meetings.

Jackie, Treasurer



CAMBRIDGE

MDF BIPOLAR

SELF HELP GROUP

MEETINGS

Remember that not all meetings now are exactly on second or fourth Mondays so check dates carefully. Up-to-date info is always on the website and we can email reminders to those of you who so choose. There are also links to maps on our website or just ask and we can send one.

Lifts may be available if you're stuck for getting to a meeting. Let us know if you're in need.

Support Group Meetings at Hilltop, Primrose Street, Cambridge CB4 3EH

We have small groups. Hilltop car park is very near the end of Greens Road, down a little slope. Come for refreshments at 7.30pm for a 7.45pm start.

The next three Hilltop meetings are on June 27th, July 25th, and September 26th. Our August 8th meeting will not be at Hilltop. We will have summer social drinks at the Cambridge Blue on Gwydir Street.

Meetings at St Matthews Parish Hall, St Matthews Road, Cambridge CB1 2LT

There is usually a guest speaker or group discussion on a relevant topic. There is street parking around the area but watch out for double yellow lines and residents' bays in some places. Come for refreshments and informal chat at 7.30pm for an 8pm start.

Monday July 11th – Project Researcher Amy Li. The SHIMME Project. Read more on the front page about this interesting initiative that brings mental health service users and practitioners together.

CAMBRIDGE MDF BIPOLAR SELF-HELP GROUP ~ CONTACT DETAILS

Telephone: 0207 931 6480. This number goes to the national MDF The BiPolar Organisation offices in London. They will tell callers about our group and pass messages on to us if necessary.

Please send any correspondence to us:

c/o Threeways, 14 Home End, Fulbourn, Cambridge CB21 5BS

Website: www.mdfcambridge.org.uk Group Email: [mdf\(AT\)mdfcambridge.org.uk](mailto:mdf(AT)mdfcambridge.org.uk)

Emails can also be forwarded to the following. Replace '(AT)' in the addresses with '@' (It's to reduce spam):

Jackie: [jackie\(AT\)mdfcambridge.org.uk](mailto:jackie(AT)mdfcambridge.org.uk) - especially about meetings and activities

Edward: [edward\(AT\)mdfcambridge.org.uk](mailto:edward(AT)mdfcambridge.org.uk) – especially about mailing lists, website and lifts.

Jon: [jon\(AT\)mdfcambridge.org.uk](mailto:jon(AT)mdfcambridge.org.uk) - especially about the newsletter.

Phil: [phil\(AT\)mdfcambridge.org.uk](mailto:phil(AT)mdfcambridge.org.uk)

We are a local group of **MDF The Bipolar Organisation**, 11 Belgrave Road, London, SW1V 1TU. Tel: 0207 931 6480
Website: www.mdf.org.uk Email: [mdf\(AT\)mdf.org.uk](mailto:mdf(AT)mdf.org.uk) Registered Charity Number 293340